12th Annual International Wheelchair Bonspiel 2018 Canadian Open

November 14 - 18, 2018, Richmond Curling Club, 5540 Hollybridge Way, Richmond, BC, Canada

TEAM ENTRY FORM

Registration deadline: Return Entry Form to Bonspiel Organizing Committee
<u>**no later than October 15th, 2018.**</u>

RCD Bonspiel Organizing Committee

Address: 100-5671 No. 3 Road, Richmond, British Columbia, Canada   V6X 2C7
Phone: 604-232-2404   **Fax:**   604-232-2415
Email: rcd@rcdrichmond.org   **Website:**   www.rcdrichmond.org

All completed forms should be returned by email to Ella at ella@rcdrichmond.org

Important Notes for Registration

▸ Register early to ensure a spot for your team
▸ Return your completed Entry Form along with full Registration Fee payment
▸ Registration Fee is $400 per team
▸ A Banquet will be planned for Saturday evening, November 17, at the compliment of the organizer
▸ If you are short of players, we may be able to help complete your team; but there is no guarantee
▸ Call or email Tom if you have any questions or need more info

PAYMENT METHOD – By Credit Card Only

Visa ☐   MasterCard ☐   Card #: _____

Expiry Date: _____   Amount Authorized: $400

Name of Card Holder: _____   Date: _____

FOR OFFICE USE ONLY

Amount Paid $400   Receipt No. _____

Received by _____   Date _____

TEAM INFO:

Team Name _____

Team Contact Person: Name _____

Coach ☐   Athlete ☐   Others ☐ (Please specify) _____

Address _____

Tel _____   Fax _____

Cell _____   Email _____

Note: The Team Contact Person will be notified by either email or phone call to confirm that we have received your Entry Form. For further information please follow Bonspiel updates on RCD website at www.rcdrichmond.org or call Ella at 604-232-2404 or email her at ella@richmond.org.

SURVEY QUESTIONS:

We appreciate you filling out the following questions to help us better prepare for the Bonspiel event. Thank you for your corporation!

1. Do you want to book hotel accommodation through RCD?   Yes ☐   No ☐

   If yes, please fill out the "Hotel Booking Form" as appropriate.

   If no, you are responsible for your own hotel booking. Remember to quote "Canadian Open Wheelchair Curling" to be entitled for the RCD Hotel Subsidy with the Executive Airport Plaza Hotel.

   We have negotiated with Sheraton Vancouver Airport in Richmond for their accessible rooms with roll-in shower; the 10% hotel subsidy is also applicable. Take note that their room rate is about 20 – 30% higher than the Executive Airport Plaza Hotel. Please indicate in the "Hotel Booking Form" if you are okay for this option.

2. Does your team plan to join the practice on November 14?   Yes ☐   No ☐

3. Do you need RCD to look for player(s)?   Yes ☐   *How many?* _____   No ☐

4. Do you need any assistance with airport transfer?   Yes ☐   No ☐

5. Do you or your team need any assistance from the RCD? *If so, please specify.*

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HOTEL BOOKING FORM:

The RCD will book the hotel accommodation (Executive Airport Plaza Hotel) under your team name and the contact person if not otherwise stated. If you need to book rooms under different names or guests with different information such as travel plan or accessibility requirements, please complete one form each per request.

All availability is based on first come first served. We shall try our best to follow your instructions, but there is no guarantee. We shall contact you once the booking is confirmed, or need to seek alternatives. For more information on the hotel facilities, please refer to the Hotel Information Sheet.

Booking Info

Guest Name(s): _____

Team Name: _____

Number of Room(s): _____   Occupancy: Single ☐   Double ☐

Check in Date: _____   Check out Date: _____

Accommodations Required

Accessible Room *(means more spacious)*:   Yes ☐   No ☐

Accompanied by Guide Dog: Yes ☐   No ☐

If Accessible Room is not available, will you:

    a) Take a regular room? Yes ☐   No ☐   Other Option: _____

    b) Consider a fully Wheelchair Accessible Room in nearby hotel, maybe of higher cost? *(RCD will contact you regarding room cost & location)*
    Yes ☐   No ☐   Other Option: _____

If you need roll-in shower, will you consider a fully Wheelchair Accessible Room in nearby hotel, maybe of higher cost? *(RCD will contact you regarding room cost & location)*
Yes ☐   No ☐   Other Option: _____

Do you need any special equipment: *If so, please specify (e.g. shower chair, transfer bench*

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          FOR OFFICE USE ONLY
  Confirmed Booking   Yes ☐   No ☐   Ref _____
  Completed by _____        Date _____
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